Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE OR BASIC FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 375.00 750.00 TOTAL CHARGEABLE CLAIMS (b minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-4 REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR Total Minus X\$18= X\$ 9= OR Independent Minus *** X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR 10 TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-8 REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY** EXTRA **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT, FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD P-7618.6(CIP) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column I) FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE **BASIC FEE** \$ OR \$ (37 CFR 1.16(a)) **TOTAL CLAIMS** 19 minus 20 =OR INDEPENDENT CLAIMS 2 minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR == TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent *** Minus = (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-B REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR *** Independent Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent *** Minus = (37 CFR 1.16(b)) OR

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

(37 CFR 1.16(d))

OR

OR

TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE